

# **LIBRARY REGISTRATION FORM FOR WAMC STAFF AND STUDENTS**



## **PLEASE PRINT**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

MILITARY RANK/TITLE: \_\_\_\_\_

CIRCLE ONE (if applicable): MD PHD PA RN LPN CRNA Resident/Intern

Other \_\_\_\_\_

PATRON CATEGORY: MILITARY STAFF ☐ MILITARY STUDENT ☐  
CIVILIAN STAFF ☐ CIVILIAN STUDENT ☐  
CONTRACTOR ☐

WAMC DEPARTMENT: \_\_\_\_\_

WORK OR CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**STUDENTS-** SCHOOL/PROGRAM: \_\_\_\_\_

**STUDENTS-** ROTATION FINAL DATE: \_\_\_\_\_

## **CONTRACTORS:**

CONTRACTOR EMPLOYED BY: \_\_\_\_\_

WAMC CONTRACTOR POINT OF CONTACT:

\_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## **FOR LIBRARY STAFF:**

LIBRARY CARD #:

EXPIRATION DATE (1 YEAR FROM REGISTRATION DATE):